PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE and to a collection of information unless it contains a valid OMP control purple.

Under the Paperwi	ork Reduction Act of 1995, no per	sons are required t	o respono to a con	ection of information u	niess it contains a valid OMB control num		
DEC	DECLARATION			ocket Number	CRD-941		
	AND VER OF ATTORNEY		First Named Inventor		Kirk Johnson et al.		
FOR UTILITY OR DESIGN			COMPLETE IF KNOWN				
	PATENT APPLICATION (37 CFR 1.63)			:			
			Application	Number	09/879,492		
Declaration Submitted wit Initial Filing	th Declaration Sub OR Initial Filing (So (37 CFR 1.16(e)	urcharge	Filing Date		June 12, 2001		
·			Group Art L	Jnit	3763		
	Examiner N	lame					
As a below named inventor, I hereby declare that:							
My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:							
EMBOLI EXTRACTION CATHETER AND VASCULAR FILTER SYSTEM (Title of the Invention)							
the specification of which							
is attached hereto							
OR							
was filed on June 12, 2001 as United States Application Number or PCT International Application Number 09/879,492 and was amended on (MM/DD/YYYY)							
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.							
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.							
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.							
Prior Foreign		Foreign F		Priority	Certified Copy		
Application Number(s)	Country	(MM/DD)/YYYY)	Not Claimed	d Attached? YES NO		
Additional foreign applic	ation numbers are listed	d on a supple	mental priorit	y data sheet PT	O/SB/02B attached hereto:		

DECLARATION - Utility or Design Patent Application							
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.							
Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.					
I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application: Application Serial No. Filing Date Status							
Application delia. Ite.	1 mig 500	Juine					
		Patented Patented Patented					
I hereby appoint:							
Practitioners at Customer Number	Place Customer Number Bar Code Label Here						
AND							
Practitioner(s) named below: Name Registration Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United							
States Patent and Trademark Office con		to transact an backness in the strikes					
Address all telephone calls to Paul A. Coletti at t	elephone number (732) 524-2815.						
Customer Number Direct all correspondence to: or Bar Code Label O00027777 OR							
Name:							
Address:							
Address:							
City:	State:	ZIP					
Country	Telephone:	Fax:					

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor **Given Name Family Name** (first and middle [if any] or Surname Johnson Inventor's Signature State FL **Country USA** Residence: City Weston Citizenship USA Mailing Address 1414 Camellia Circle State FL **ZIP** 33326 City Weston **Country USA** I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor **Family Name** (first and middle [if any]) or Surname O'Neill Inventor's 10/11/01 Signature Residence: City Doylestown State PA Country USA Citizenship USA Mailing Address 2945 Whitetail Court State PA ZIP 18901 Country USA Doylestown I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. NAME OF THIRD INVENTOR: A petition has been filed for this unsigned inventor Given Name **Family Name** (first and middle [if any]) or Surname Inventor's Signature Date Citizenship Residence: City State Country **Mailing Address** ZIP State Country